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0817: OUTCOMES FOLLOWING EMERGENCY ABDOMINAL WALL HERNIA REPAIR-OUR LOCAL EXPERIENCE

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Aim: Terminology describing presenting emergency hernias varies. We aimed to identify outcomes and correlation between clinical diagnosis and operative findings for emergency hernia repair.
Method: A single-centre retrospective study of emergency hernia repairs over 12 months.
Result: 34 males and 29 females presented (median age = 67, IQR = 49–77). Hernias included 14-inguinal, 12-femoral, and 38-others. 11 required laparotomy. 17 cases had strangulation intraoperatively, 10 bowel resections being required, with 5(29%) initially clinically diagnosed correctly.
One patient died 6 days postoperatively (2%). Early postoperative morbidity was recorded in 20 patients (31%). Median inpatient stay was 3 nights (IQR = 1–10).
There was no difference in proportion of consultant-led procedures during daytime hours(18/38) compared with out-of-hours(10/26)-X^2,p = 0.48.
Preoperative descriptions of clinically diagnosed hernias included 8-strangulated, 30-incarcerated, 4-obstructed, 6-'irreducible and tender', remainder had variable terminology. 18(28%) cases underwent CT and 3(5%) ultrasound. Of those with adequate documentation, clinical diagnosis and operative findings had 65% positive correlation and imaging findings and operative findings-95%.
Median time for hernias clinically diagnosed as strangulated versus non-strangulated from admission to operation was 5.8(IQR = 4.1–9.3) hours and 10.4(IQR = 4.9–20.1) hours respectively.
Conclusion: Hernia description prior to emergency surgery is often inadequate with variable accuracy compared with operative findings. This can lead to operative delay and poor outcomes.

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0941: LAPAROSCOPIC REPAIR OF INCISIONAL AND VENTRAL HERNIA; -IS IT SAFE?A SINGLE CENTER EXPERIENCE

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Aim: To compare outcomes of laparoscopic incisional/ventral hernia repairs to current International Endohernia Society guidelines.
Method: Laparoscopic incisional/ventral hernia mesh repairs from 2009–15 were retrospectively analysed. Composite mesh with 4 cm overlap was used. Demographics, ASA grade, operative information and outcomes were analysed.
Result: 110 Laparoscopic (90 incisional) hernia mesh repairs were performed with a mean follow up of 14.5 months (1–63). Mean age was 58 years (32–85), mean BMI 33 kg/m^2 (20–61), with 30% obese and 32% morbidly obese patients. Mesh sizes ranged from 15 × 10 cm to 30x30 cm with a mean mesh surface area of 386 cm^2. 7 hernias recurred (6.36%). Seroma rate was 30%, (18% needed aspiration). Overall, 4 patients (3.6%) experienced a major complication including 2 meshes excised (1x infected seroma, 1x enterocutaneous fistula), one mesh erosion into the urinary bladder, and one port site hernia (repaired). Median hospital stay was 2 days (1–11).
Conclusion: Our outcomes are favourable to previously published studies and confirm to current guidelines. Our results are encouraging, considering a disproportionately high percentage of obese and morbidly obese patients. Laparoscopic repair of incisional and ventral hernia is safe, efficient, with low recurrence and morbidity and short hospital stay. It remains our preferred technique.

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1099: DIVERTICULAR DISEASE IS A RISK FACTOR FOR THE DEVELOPMENT OF POST OPERATIVE INCISIONAL HERNIAS: A CONFIRMATORY STUDY IN AN IRISH COHORT

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Aim: Recent data demonstrating an association between diverticular disease (DV) and connective tissue disorders suggest a genetic predisposition to the development of DV. Poor wound healing is found in both types of pathology. An association with diverticulitis and postoperative incisional hernia (IH) development has been previously demonstrated in an American cohort. We evaluated such a correlation in a cohort of Irish patients undergoing surgery for complicated DV vs non-DV pathology.
Method: Data from recorded from a single surgeon prospective colorectal surgery database of Irish patients between 2004–2015 was studied. All patients with a ≥1 year follow up were included.
Result: 299 patients were included (mean follow up=2.8 years, range 1–10 years). 57 underwent resection for complicated DV (mean age 57 ± SD). 237 underwent non-DV resections (mean age 58 ± SD). 12 of 57 (21.1%) complicated DV patients vs 10.5% (25 of 237) non-DV patients developed an IH (RR 1.99, 95% CI 1.06- 3.73, p = 0.03). Of 65 patients with an incidental finding of diverticulosis, 18% developed IH.
Conclusion: The data presented suggests a significant link between the presence of DV and IH development in the Irish population. This may influence wound strategies in patients undergoing surgery for complicated diverticular disease.

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1375: AN AUDIT OF THE LENGTH OF STAY OF LAPAROSCOPIC INGUINAL HERNIA REPAIR PATIENTS

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Background: RCS guidelines for inguinal hernia repair (IHR) state that >80% should be day cases, with no antibiotic prophylaxis, use of prolene mesh and TEPP approach over TAPP.
Aim: To investigate the number of patients staying overnight for laparoscopic IHRs fit the Royal College of Surgeon's criteria and if so- what are reasons for overnight stay.
Method: A retrospective review of from Jan 2014 to August 2015 of IHR patients staying overnight was performed. Data collected included age, reason for stay, type of mesh and all anaesthetic/intra-operative medications given.
Result: 287 patients underwent a laparoscopic IHR with (age range 25–85). Of these, only 16% stayed past midnight making 84% of cases day cases. 92% of patients received antibiotic prophylaxis. 100% of patients were repaired with prolene mesh. 80% of patients were repaired with TEP approach.
The main reason for overnight stay was urinary retention in 57% of patients.
Conclusion: RCS targets are being met for length of stay, however antibiotic prophylaxis is being grossly overused. Targets can be further improved for patients with urinary retention using preoperative Tamsulosin, which can reduce rates of urinary retention.

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Maxillofacial surgery

0042: QUALITY OF LIFE IN HEAD AND NECK CANCER: SYSTEMATIC TABULATED THEMED ANALYSIS OF PAPERS PUBLISHED IN 2014

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